



CITY OF SAINT PAUL  
DEPARTMENT OF SAFETY AND INSPECTIONS  
375 Jackson Street, Suite 220  
Saint Paul, MN 55101-1806  
General Information: 651-266-9090  
Code Compliance: 651-266-9016 - Fax: 651-266-9124  
Visit our web site: [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)  
Fax: 651-266-9124

**FOLDER #**  
(for office use only)

### VACANT BUILDING \$5,000.00 PERFORMANCE DEPOSIT

DATE \_\_\_\_\_

VACANT BUILDING ADDRESS \_\_\_\_\_

DEPOSITOR'S NAME \_\_\_\_\_

DEPOSITOR'S ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DAYTIME PHONE(\_\_\_\_\_) \_\_\_\_\_ FAX NUMBER(\_\_\_\_\_) \_\_\_\_\_

When your project is completed and approved, your \$5,000.00 performance deposit plus interest will be refunded to you.

I understand that all items listed on the inspection report must be corrected within six (6) months and where applicable (Category 3 Building), a \$5,000.00 performance deposit (cash or bond) must be made before a permit will be issued. **It may be possible to get an additional six (6) months to complete project if work is proceeding expeditiously and is more than 50% complete or if unforeseen conditions have had a significant schedule impact on the completion of work.**

I also understand that this property shall not be occupied until all code corrections are made and written authorization to occupy is obtained.

Please indicate below the address your Refund Check should be sent to:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

***IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION:***



☐ American Express ☐ Discover ☐ MasterCard ☐ Visa

Expiration Date: \_\_\_\_\_ Account Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_\_  
Signature of Card Holder (required for all charges)

\_\_\_\_\_  
Date